


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

APPROVED AND FILED

97 AUG 15 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L94000000615

LCG PROPERTY MAINTENANCE, L.C.
5603 NORTH S.R. 7
FT LAUDERDALE FL 33319

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address

5603 NORTH S.R. 7
FT LAUDERDALE FL 33319

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
11/14/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0535606	
5. Date of Last Report	6. Certificate of Status Desired
03/18/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

LINER, B J
5603 NORTH S.R. 7
FT LAUDERDALE FL 33319

8. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations


SIGNATURE:  DATE: _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LINER, B J	5603 NORTH S.R. 7	FT LAUDERDALE FL
MGRM	CRANDALL, ROBERT C	5603 NORTH S.R. 7	FT LAUDERDALE FL
MGRM	GARRIS, STANLEY R	5603 NORTH S.R. 7	FT LAUDERDALE FL

100002270921--5
-08/19/97--01028--005
****588.75 ****588.75

B.J. Liner

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:  DATE: 8/11/97 (97) 4864453